U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<del></del>	<del></del>					
1 File Number U - [9402]	2 Fiscal Year Covered From					
	[]/[/2004] Through 12/1511/2004]					
3. Name and address of person filing	4 Name, file number, and address of labor organization					
Name PAUL BROWN	Name METAL LATHERS LOCAL 46					
	Labor Organization File Number 608438					
P.O Box, Bldg , Room No , if any	P O. Box, Building and Room Number, of any					
Street 1322 THIRD AVENUE	Street 1322 THIRD AVENUE					
City NEW YORK	City NEW YORK					
State NEW YORK ZIP Code +4 10021	State NEW YORK ZIP Code + 4 10021					
5 Position in labor organization SECRETARY						
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of						
monetary value from an employer whose employees your organization						
6. Name and address of Employer (including trade name, if any)	7.a Nature of Interest, Transaction, or Income					
Name						
Trade Name, if any:						
P.O Box, Bldg , Room No , if any						
	7 b Amount.					
Street						
City						
State ZIP Code + 4						
Signature						
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, occurrent, and complete. (See the section on penalties in the instructions.)						
Signed Shul Draw	On 8-12-05 212-737-0500 Date Telephone Number					
1.44.30 (0003)	· · · · · · · · · · · · · · · · · · ·					

Name of Person Filling PAUL BROWN	File Number U-						
Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or lessing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or lessing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8 Name and address of Business (including trade name, if any)  Name  Trade Name, if any  P.O Box, Bldg., Room No , if any	9 Business deats with    a Labor Organization   b Trust   c. Employer						
Street City ZIP Code + 4 ZIP CO	11 a Nature of such dealing						
10. If 9 b or 9 c. is checked give trust or employer's name  Name  Trade Name, if any  PO Box, Bidg , Room No if any							
Street   City   ZIP Code + 4	11 b Approximate dollar value of such dealing  12 a Nature of interest held or income received						
	12.b. Amount.						
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name Metal Laskers Local 16 Applenticeship Fund Trade Name, if any  P.O Box, Bldg., Room No . if any  Street 18 East 18th Street  City New York  ZIP Code +4 10021	or other thing of value.  14 a. Nature of payment.  Reimbursement for airfair for the trip to the Apprenticeship Instructors Training program in San Diego, Ca.  06/15/2004						
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.						

Name of Person Filling PAUL BROWN	File Number U-						
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, setting or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or setting or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested							
8. Name and address of Business (including trade name, if any)  Name  Trade Name, if any.  P.O Box, Bidg., Room No , if any  Street  ZIP Code + 4	9 Business deals with    a Labor Organization   b Trust   c. Employer						
10. If 9.b. or 9 c. is checked give trust or employer's name.  Name  Trade Name, if any  P O. Box, Bidg . Room No , if any  Street  City  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a Nature of interest held or income received						
	12.b. Amount.						
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any)  Name Metal Laskers Local & Applenticeship Fund  Trade Name, if any  P.O. Box, Bidg, Room No., if any  Street MB East JETA Street  City MBW York  State New York ZIP Code +4 10021	or other thing of value  14.a. Nature of payment.  Expense allow an Ce for trip to the Apprenticeship Instructors Training Program in San Diego, Ca.  07/13/2004						
13.b. Is the Business an Employer X or Consultant ?	\$ 2410						

Name of Person Filing	PAUL	BROWN		File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Bu	isiness (including tr	ade name. If any)	9 Business deals with				
Name			]     a Labor Organizat	lion			
Trade Name, if any:			_ b Trust				
,	, if any		c. Employer				
,							
City		ZIP Code + 4					
10. 179 b or 9.c. is checked	=	="	11 a Nature of such dealing	g			
1							
Trade Name, if any							
PO. Box, Bldg , Room No ,	,			ر وسال کی دارد اور اسال اسال کی دارد اور اسال کار دارد اور دارد او			
Street			11.b Approximate dollar value	of such dealing.			
City			12.a Nature of interest held	or income received			
State	} 2	XIP Code + 4					
			12.b. Amount				
			12.0. Amount	<u></u>			
		an an employer covered undenployer any payment of money					
13.a. Name and address of E (including trade name, if		lelations Consultant	14.a Nature of payment.  Estimated COS	t of annual	Clyithan		
Name Metal Lathe	rs Local 46	Trust Fund	Lunckeon Ras	ted by us	M.+1		
Trade Name, if any			Lathors Loca	I III Roma	metal 1:		
P.O. Box, Bldg., Room No .	if any		Lunckeon Ros Lathors Loca	TO EVILLE	rut funds		
Street 198 East	98th St	reet		12/14/	200¢		
CH NEW YO	RK				13		
State NEW YO	RK ZI	P Code +4 10021			]]		
13.b. is the Business an Emp	Noyer X	or Consultant	14.b. Amount of payment.	Q	113		